DOCUMENT RESUME

ED 232 120 CG 016 814

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TITLE Community-Wide Survey of Services to Children and Families: A Missoula Area Interview Study with All Programs Which Have a Focus of Serving Children and Families.
INSTITUTION Missoula Council for Child Protection and Family Support, MT.; Montana Univ., Missoula. Dept. of Social Work.
PUB DATE Mar 82
NOTE 25p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Agency Cooperation; *Child Abuse; *Child Neglect; Child Welfare; Community Attitudes; Emergency Programs; *Family Problems; *Family Programs; Needs Assessment; Program Development; *Program Effectiveness; Self Help Programs; *Social Services; Surveys

ABSTRACT

A comprehensive picture of existing services to families under stress can be useful for immediate and long-range planning. In order to determine the range of services to families under stress, including those identified as involved in child abuse and neglect, the Council for Child Protection and Family Support, Missoula, Montana, surveyed, through personal interviews, program directors or other contact persons from 53 formalized programs for children and families in the local area. The introduction discusses limitations of the study, and the incidence of child abuse for Missoula area families. The results of the study are presented for certain areas which were selected for analysis based on number of responses in a given direction; specificity of responses; and practicality for implementation. The areas discussed are: adequacy of existing services, agency coordination of communication, community education, self-help groups, and needed emergency services. Specific recommendations, based on survey results, are provided for community education, education in the schools, staff training, inter-agency coordination, self-help groups, emergency services, and needed new services. Appendix A contains the survey questions and tabulated results. (MCF)

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COMMUNITY-WIDE SURVEY OF SERVICES TO CHILDREN AND FAMILIES

A Missoula Area Interview Study with All Programs Which Have A Focus of Serving Children and Families

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Also supported by the Research Class
Department of Social Work
University of Montana

March 1982

CG 016814

Acknowledgements

The Council appreciates the support and efforts of many people who made the survey possible. Jon Bertsche and Bob Deaton directed the project. The Missoula County Commissioners, Germaine Conrad, Barbara Evans and Bob Palmer, provided the contract that defrayed expenses. Twelve students (names listed on title page) in the Research Class and their instructor, Morton Arkava, helped design the study, conducted the interviews, and tabulated the data. Pat Washburn did the typing and layout of the interview schedule and report. Nancy Dusek of Five-Valleys Health Information Clearinghouse assisted with developing the list of agencies to be surveyed.

Part I - Introduction

The Council on Child Protection and Family Support conducted a survey of all known agencies and programs which serve children and families for the purpose of determining the range of services to families under stress, including those identified as involved in child abuse and neglect (CAN). The Council also wanted to know what gaps, overlaps and deficiencies in family and child services were noted by agency contact persons. Suggestions for improving existing services and implementing new programs were tabulated and analyzed.

The end result of the study was in collecting specific information which the Council can utilize for better coordination of existing services and developing new projects where unmet need exists.

The importance of the survey is that data were secured from every known formalized program for children and families in the local area. In all, fifty-three programs were surveyed through personal interviews with each program director or other contact person. Every effort was made to follow the interview questions uniformly with every respondent so that meaningful comparisons could be made among responses gathered.

Limits of the Study

The results present only the opinions and priorities seen by agency representatives. The ideas of other important

groups, such as local officials, business people, private counselors and especially the target population (children and parents) were not gathered.

Hindsight clearly showed that some questions were stated ambiguously. Inconsistencies exist between different interviewers in their explanation of the meaning and intent of certain questions. In some cases, respondents' statements were too general to offer meaningful interpretations.

There was the effect of the self-fulfilling prophecy operating with the project coordinators as they phrased, selected and slanted questions towards certain biases and preferred endings.

Describing limits and shortcomings is not to say that the survey is not valid, but to point out how results should and should not be interpreted.

Missoula Families and Child Abuse

In 1980, it was estimated that there were a total of 10,790 families with minor children in the Missoula area. Within these totals were families with:

Two Parents	8,712
Single Parent, Male	409
Single-Parent - Female	1,544
No Parent, Single Children	125[1]

[1]Data gathered by Paula Hansel, from Bureau of Economic and Business Research, University of Montana, Feb., 1982.

Approximately 25 percent, or 2,700, Missoula families can be considered potentially or actually involved in abuse and neglect of children.

During last year, there were 551 total reported cases of abuse and neglect reported in Missoula County, which included a 12 percent increase in child abuse and a 7 percent increase in neglect from 1980. A more detailed breakdown for the county shows:

	Number of Cases
Child Sexual Abuse	38
Child Physical Abuse	198
Child Neglect	315
Required Long-term Services	50[2]

The statistics do not record the many cases of families verging upon neglect and abuse as defined in the law, nor upon unreported cases. Clearly, the amount of child abuse and neglect which presently exists is great enough in the community to warrant the attention of social agencies, local government, private groups and citizens. The community needs to take action to prevent potential neglect and abuse of its children and to take steps to assist family-serving agencies with the amelioration of existing problems.

Part II - Results of the Survey

The survey questions and tabulated results are found in Appendix A. Certain patterns of responses were selected for analysis based upon such factors as number of responses in a given direction, specificity of the responses, and practicality for implementation.

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[2]Statistics tabulated by Warren Wright, Supervisor, Child Protective Intake Unit, Missoula County Welfare Department, calendar year 1981.

Adequacy of Existing Services

Agency representatives replied 2 to 1 that existing services were not adequate (Question #22). To the question (#24) asking what additional resources were needed, 14 replied that they did not know. Specific answers in order of priority were: education [10], more skilled workers [9], self-help groups [8], followed by foster homes, sex offender and victim treatment, child case and family services.

A related question (#37) asked the contact person's opinion about the constraints or limitations to providing child abuse and neglect services to families in Missoula. We asked people to be more specific than simply making a broad recommendation for more money and staff. However, the highest priority stated was for more program funding [14] and the third highest [5] was more staff. The second priority was for existing staff to become more knowledgeable [9]. Other responses included lack of public awareness, need for agency coordination, and staff burnout.

Agency Coordination and Communication

Coordination refers to the willingness of agencies to adjust programs' procedures or policies in order to provide more efficient services. Communication means actively informing other agencies with client and program data and handling conflict and misunderstanding. Cooperation involves the willingness to work with others on an organizational or individual basis to produce better results.

Question #22 asked respondents to list three specific ways to improve cooperation and coordination among agencies. The most frequently mentioned item was establishing clear communications between agencies [18]. The next most frequent item was public awareness [14], followed closely by the recommendation for interagency meetings [13].

Listed strengths and limitations of the referral process among agencies (Question #25) was significantly related to cooperation issues. Strengths or positives in the referral process included cooperation [10] as the most frequent response followed by awareness of programs [6]. Weaknesses or negatives in the referral process showed communications and lack of information [8 each] as the leading problems. Lack of cooperation was listed as a constraint by [3] respondents. Some answers to Questions #32 and #33 point moderately toward the recommendation for in-service staff training as a means to promote better communication and coordination among agencies involved in child abuse and neglect services.

Community Education

Several questions in the survey showed educational efforts in the community to be of high interest for agencies. Recommendations were in the directions of better public awareness of child abuse and neglect problems and how to report, providing the public with preventive family life education and counseling, educating social agencies concerning available programs and educational efforts in the schools in child abuse and neglect issues.

Community awareness and public education were listed most frequently [12] as the desired strategy which could be implemented by the respondent and others to prevent abuse and neglect (Question #35). Five people cited public education as the technique employed by their agency to promote prevention. Eleven stated their agencies provided general workshops and seminars (Question #32).

Four respondents each cited lack of public awareness of services and the extent of neglect and abuse as constraints to providing more services (Question #37).

Education in a general sense was listed as the number two priority as one of the most needed resources to deal with CAN in Missoula (Question #24).

The final survey question asks for respondents to make any additional recommendation they wished. Three-fourths of the comments related to public educational efforts.

Self-Help Groups

Thirty-six agency contacts (89 percent) felt that self-help groups are useful for helping families where abuse and neglect exists. And only two felt they were not useful, as shown in response to Question #30.

When asked about the kinds of self-help groups that would be most useful (Question #31), respondents listed in priority order: peer-support groups [18], groups with a

professional person to initiate them [5]. Comments under Question #31 regarding the usefulness of self-help included access to clients, parents can feel comfortable talking with others like themselves, and the caution that some families would be reluctant to be identified as members of a group for neglectful parents.

In Question #24, which asked what additional resources are needed in the Missoula area to deal with CAN, the third priority listed was for self-help groups [8].

All of the questions posed about self-help in the survey were asked in terms of whether respondents believed they were good in general terms. Perhaps more revealing questions would have been, "Do you presently refer clients to self-help groups? If so, to what groups?"

Needed Emergency Services

Question #36 asked agency representatives to rank order thirteen listed emergency services for children and families which are needed in Missoula. A weighted scoring measurement showed a significant preference for five of the items:

1. 24-hour SRS Social Service intake
2. Emergency shelter for adolescents
3. Emergency caretakers (people to go into homes for short periods to care for children)
4. Emergency shelter for families
5. Emergency food and shelter

Three of the five priorities - 24-hour intake, emergency shelter for adolescnts, and emergency food and shelter - already exist. Emergency shelter for families of battered spouses is available but not for child abuse and neglect families. Emergency caretakers to go into the home are probably not available, except as informally provided by other family members, friends or neighbors.

The responses are useful for indicating priorities as seen by the community agencies who deal with local families on a regular basis, and provide useful information for planning new or expanded emergency services.

Summary and Recommendations

The survey provides clear indicators for further planning to coordinate existing services and to develop new programs specific to the Missoula area. Specific recommendations are described in the priority order indicated by opinions of agency representatives as interpreted by the coordinators of the study.

Community Education

Great emphasis was given to informing the public of the incidence and nature of child abuse and neglect. The response brings several questions to mind which need further definition: What does the public not know? Perhaps physical abuse and its presence is somewhat understood, but not sexual abuse

or the many forms of neglect which are not dramatic but of no less importance than abuse. Are reporting and referral procedures understood by the public? It is likely that many people do not know where to call to report observed abuse and neglect. Probably the general public is not aware of the roles of such primary agencies in child abuse services as the SRS Child Protective Unit, Health Department, Community Mental Health, the schools and law enforcement.

How well-informed is the general public and existing agencies concerning the range of local programs available to serve children and families? The question is most critical for reaching families who are voluntarily seeking assistance with problems related to neglect, abuse and family stress. It is equally important for agencies who are in the position to refer families to specifically needed services.

Education in the Schools

The school setting provides the opportunity to inform children of specific measures and precautions they can take to avoid harmful situations. Also, because the school is the agency outside the home in most frequent contact with the children of the community, it is imperative that teachers and other professional staff are well informed about the nature of abuse and neglect and appropriate reporting and referral.

Staff Training

The survey indicated that more training in CAN is needed for staff, but specific topics were not listed by respondents. Further inquiry is needed to specify needed training areas. It is fortunate that CAN is an area in which many recent training materials in a variety of specializations are readily available. It is suggested that community conferences, inter-agency workshops for professional staff and in-service training be conducted.

Inter-Agency Coordination

Survey results showed that many agencies need more information about existing CAN programs in the community. The previous recommendation for in-service training would do much to satisfy the need. Another possibility would be for monthly brown-bag or breakfast meetings open to all agencies and interested persons on various issues of CAN, family stress, available programs, and needed services. The Council for Child Protection and Family Support plans to implement a Speaker's Bureau and list of professional back-up persons in such specialities as pediatrics, family medicine, family law, psycho-pathology, elementary education and child development.

Self-Help Groups

Because almost 90 percent of the respondents favored self-help groups for helping CAN families, it is a priority area. A local Missoula chapter of Parents Anonymous, Inc.

and a state coordinator were recently established, which will do much to advance self-help efforts. Further study is needed to determine whether there are specific client needs which could be serviced through self-help efforts. Examples might include separate sex-victim and sex-offender groups, telephone network for parents of young children, and cooperative child care. More study is indicated to determine referral patterns of professionals in choosing whether to utilize self-help with certain clients.

Emergency Services

Emergency caretakers and emergency family shelters were two high-priority needs cited by respondents which are not presently available in the community. It is recommended that the Council on Child Protection and Family Support contact the SRS home attendant services and the Battered Women's Shelter to determine if their services could be expanded to provide caretakers and emergency family shelters, perhaps with funding through the Council. If it is not possible to work through existing services, then separate programs might be established.

Needed New Services

Perhaps due to the nature of the survey questions, there were not a lot of suggestions for developing new programs in the community. Development of services and treatment for child sexual abuse victims, offenders and families

did emerge as a perceived need across several questions, however. It is suggested that the Council activate a task committee on Child Sexual Abuse to determine needs and make programmatic recommendations.

Previous suggestions for further study and for interagency cooperation should yield specific recommendations for any needed additional programs.

Summary

The study was successful in that it provided a comprehensive picture of the array of existing services as seen by family and child-serving agencies in Missoula. No specific prescriptions for designing or altering programs fell out as an automatic consequence of the survey. However, very clear directions and priorities emerged which are of immediate and long-range use to the community and to the Council on Child Protection and Family Support.

Name of student interviewer: _____

Name of person interviewed: _____

SURVEY OF SERVICES TO CHILDREN AND FAMILIES

February 23, 1982

1) Program Name _____

2) Address _____

3) Telephone Number _____

4) Emergency Phone Number _____

5) Director _____

6) Name of Contact Person for Children and Family Services in Your Program

_____

7) Title of Contact Person _____

8) Hours of Service _____

9) Emergency Hours _____

10) Primary Purpose of Program _____

_____

11) Description of Services Provided _____

_____

_____

12) Client Eligibility Criteria _____

_____

_____

13) Procedure to Apply for Services _____

_____

_____

14) Do you accept Walk-ins? _____ Or Appointments only? _____

15) Cost of Services _____ Sliding Fee Scale Utilized? _____

16) Is reimbursement for service available through third-party payers (such as Medicaid, SRS or others)?

_____

17) Is there a waiting period to receive services? Yes_____ No_____

18) What is the average waiting period? _____

19) Do you arrange transportation for your clients? _____

20) Do you provide services in the home? _____

21) During the last three months, how many cases of family and children services has your program served? (Note: State whether estimated of exact numbers.)
Number of cases: _____

Percent of cases that are child abuse and neglect: _____

22. Please describe three specific ways for improving the cooperation and coordination among child and family programs in the Missoula area.

A. _____

B. _____

C. _____

23) Do you feel there are adequate resources in Missoula to deal with child abuse and/or neglect?

_____

24) If less than adequate, describe what resources are needed:

_____

_____

_____

25) Describe the strengths and limitations of the referral process in the community. _____

_____

_____

26) What are the three most frequent sources of referral to your program related to child and family needs: (can include self-referrals and referrals within the agency)

	Estimated Percent
A. _____	_____
B. _____	_____
C. _____	_____
Others	_____
TOTAL	100%

27) Related to children and family needs, name three resources to which you refer most often.

	Estimated Percent
A. _____	_____
B. _____	_____
C. _____	_____
Others	_____
TOTAL	100%

28) Do you follow up on referrals? Yes _____ No _____

29) If yes, please describe any constraints of the follow-up process:

_____

_____

_____

30) Do you feel mutual aid self-help groups are useful to child abuse and/or neglect or other families at risk? Yes _____ No _____

31) Please elaborate on your response. _____

_____

_____

32) Describe any public and professional educational services of your program related to child abuse and/or neglect.

_____

_____

Program Name _____

33) Which public and professional educational services are most needed in this community?

_____

_____

_____

_____

34) How is the prevention of child abuse and/or neglect promoted in your program?

_____

_____

35) Describe strategies that could be implemented by your program or others regarding prevention of abuse or neglect? _____

_____

_____

36) Prioritize the following emergency services for children and families which are needed in Missoula. (Hand the list to interviewee to rank items.) (Rank 1 through 5 - 1=highest need)

_____ 24-hour SRS Social Service emergency intake.

_____ Emergency caretakers (people to go into homes for short periods of time to care for children)

_____ Emergency homemakers

_____ Emergency shelter for families

_____ Emergency shelter for adolescents

_____ Emergency foster family homes

_____ Crisis nurseries

_____ Crisis lines

_____ 24-hour information and referral

_____ Emergency financial assistance

_____ Emergency medical care

_____ Emergency transportation

_____ Emergency food and shelter

Program Name _____

36) (Continued)

Comments _____

_____

_____

37) What are the constraints or limitations to providing more effective child abuse and neglect services in the Missoula area in your opinion? (Be more specific than "more staff" and "more money.")

_____

_____

_____

38) Prioritize the constraints to your program in providing child abuse and neglect services. (Hand the list to the interviewee to prioritize the list with #1 being highest constraint. Write "no" if an item is not a constraint. Add any others not listed.)

_____ Clients are nonvoluntary.

_____ Clients are severely dysfunctional.

_____ Lack of child abuse and neglect expertise of workers.

_____ Mandatory reporting to SRS Social Services.

_____ Possible court involvement.

_____ Financial reimbursement problems for services.

_____ Confidentiality issues.

_____ Public unaware of services of program.

_____ Other professionals unaware of services of program.

_____ Eligibility criteria.

_____ Application procedures.

_____ Waiting lists.

_____ Legal liability of program staff.

Any others? Please specify on following page:

38) (Continued)

_____ _____

_____ _____

_____ _____

39) What additional comments or information do you have related to improving child abuse and neglect services in the community?

_____

_____

_____

_____

TABULATIONS

17) Yes 19 No 23

18)
0-1 week	6
1 week	2
2 weeks	6
Varies	5

19) Yes 22 No 20

20) Yes 27 No 16

21)
Exact	925	
Estimated	13,668	
Percent	10%	15
	50%	4
	100%	3
	Don't know	17

22)
Clear Comm. between agencies	18
Public awareness	14
Interagency meetings	13
More use of Five Valleys	7
Resource directory	7
Support the Council	3

23) Yes 13 No 28 Don't know 2

24)
No comment	14
Education	10
More skilled worers	9
Self-help groups	8
Foster homes	3
Program coordinator	3
Sex offender treatment	3
Child care	2
Sex victim group home funding	2
Family services	1
Lay persons	1

25)

Strengths
- Cooperation - 10
- Awareness of programs - 6
- Centralized services - 5
- Quick action on cases - 3
- 5-Valleys - 2
- Trained workers - 1
- Confidentiality - 1

Weaknesses
- Communications - 8
- Lack of information - 8
- Follow-up process - 7
- Funding - 4
- Accountability - 3
- Lack of cooperation - 3
- Public awareness - 2
- Payments - 2
- Confidentiality - 1
- Lack of skilled workers - 1
- Lack of placements - 1
- Lack of contact person - 1
- Lack of services - 1

26)

15-40%	Other - 18
5-90%	Self referral - 15
10-98%	Social service - 13
30-70%	Welfare (economic assistance) - 7
10-60%	Schools - 7
40-80%	Friends - 5
2-35%	Relatives - 5
5-90%	Word of mouth - 5
10-40%	Medical - 5
20-40%	Media - 4
10-40%	Churches - 3
15%	Phonebook - 1
20-25%	Health Department - 2
	Former clients - 1

27)

5-75%	Other - 42
10-90%	SRS - 15
10-60%	Welfare Department - 7
5-70%	Mental Health - 6
10-25%	Psychologists - 5
3-25%	Drug and Alcohol - 5
5-25%	Mental Health Center - 4
5-25%	Medical - 4
30-50%	Public Health - 4
5-25%	Counselors - 3
14-75%	Battered Women's Shelter - 2
15-25%	Friends to Youth - 3
10-20%	Child Care Resources - 3
20-50%	Lawyers - 3
5%	Legal Services - 2

28)

Yes	33	No	4
Some Cases	4	N/A	2

29) Confidentiality - 9
Time - 9
Keeping track of client - 5
Lack of client follow-through - 3
Cost - 2

30)

Yes	36	No	2
Sometimes	1	N/A	3

31) Peer support - 18
Alleviate problems before they happen - 3
Have been successful elsewhere - 4
Need a professional person to get one going - 5
Stigma - 2

32) General seminars and workshops - 11
None - 10
Presentations to schools - 6
Staff Development - 6
Presentations to professionals - 3
Parenting classes - 4
Support groups - 2
PSA - 1

33) Parenting classes - 7
Educate children in schools - 4
Alcohol awareness - 3
Child care - 3
Awareness of law - 3
Awareness of CAN - 3
Incest - 3
Referral network - 2
Train professionals and volunteers - 2
Families in crisis - 2
Media - 2
Need personnel in diagnosis - 2

34) Counseling families and children - 15
Parent education - 10
Parenting classes - 8
Parential support - 5
Public education on CAN - 5
Referral - 3
Encourage CAN reports - 3

35) Community awareness & public education - 12
Programs in schools - 6
Parenting classes - 5
Parents support groups - 5
Training professionals - 3
Education and treatment of perpetrators - 3

36) No tabulation

37) Program funding - 14
More knowledge staff - 9
Staff shortage - 5
Lack of public awareness - 4
Lack of public awareness of extent of CAN - 4
Stigma - 3
Time - 2
Lack of services - 2
Agency coordination - 2
Burnout - 2

38) No tabulation.

39) Public education and in the schools - 8
More consistency in prosecuting sexual offenders - 3
PSA's - 2
More parenting classes and support groups - 2
Reduced federal funding - 2
Encourage Council to coordinate services - 2